

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98802 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John A. Haase

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 55 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation, Police officer.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All of life.

Place of Death, { Give Street and Number. } 724 Ostdend St

Cause of Death, { First (Primary),
Second (Immediate), } Ophthysis
Asthenia

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 25th.

{ Undertaker, F. W. Tolle.

{ Place of Business, 421 Hanover St. Address,

C. S. Booz M. D.

Medical Attendant,

617 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES on back of THIS Certificate.

Health Department, City of Baltimore.

Permit No. 98803

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23rd 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm de Thannes

Sex, Male or Female, { Cross out the word not required in this line. }

William A. de Thane

Age, 39 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Willower, { Cross out the words not required in this line. }

Single

Occupation,

House Painter

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Born in Pennsylvania

Duration of Residence in the City of Baltimore,

10 years

Place of Death, { Give Street and Number. }

13218 Fayetts

Cause of Death, { First (Primary),

Phtisis Pulmonalis

Second (Immediate),

Thrombosis

Duration of Last Sickness,

Forty months

All the above information should be furnished by the Physician.

Place of Burial, Woodbury.

Date of Burial, March 25, 1889

Undertaker, Wm. H. Hickman.

M. D.

Medical Attendant.

Place of Business, 2340 N. Gay.

Address, Dayton & B. City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Enter the Deceased's Name on this Certificate.

Board of Health, City of Baltimore,

Permit No. 98804 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled in, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Joseph Tuckerman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 12 hrs - Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 1640. E. Bay St.

Cause of Death, { First (Primary), Cyanosis. } Second (Immediate),

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, Mar 25th 1887

Undertaker, J. E. Blough & Co

Place of Business, 1408 Penn Ave

Groshman

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

4604 Transl

Health Department, City of Baltimore.

Permit No. 98805 Office of Registrar of Vital Statistics.

Ward 172

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mch 22 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lizzie Dunkin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 15 Years, Months,

Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bailey

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1110 Goodmans Alley

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, Hopkins Cemetery

Date of Burial, March 24 1889

Undertaker, Heroller Ross

Place of Business, 404 Cornhill Address, 815 Light

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98806

Office of Registrar of Vital Statistics.

Ward 2⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Wallermeier

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

No. 603 South Bethel st

Cause of Death, { First (Primary),
Second (Immediate), }

Hiccups

Duration of Last Sickness,

All its life

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, March 25th 1887

{ Undertaker, H. Sander and Son }

August Steiner

M. D.

Medical Attendant.

{ Place of Business, Canton Ave }

Address,

John J. Goy, Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

John J. Goy, Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98807

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Fisher

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years,

8 Months,

Days.

Color,

White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore MD
Dowry Life
304 Foot av

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, May 29

Undertaker, B. Marshall

Place of Business, 118 West St Address,

D.C. Cooke M. D.
Medical Attendant.
104 Foot av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98808

Office of Registrar of Vital Statistics.

Ward

19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sophia C. Aby

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 48 Years,

4 Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Batto. ind.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 248 (odd no.) N. Fulton Ave.

Cause of Death, { First (Primary), Chronic Bright's disease of kidneys Second (Immediate), }

Duration of Last Sickness, 26 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 26

{ Undertaker, J. B. Cook

{ Place of Business, 1003 W. Baltw.

Geo. A. Hartman M. D.

Medical Attendant.

Address, 1121 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98809 Office of Registrar of Vital Statistics. Ward 13⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1887
Baltimore

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CERTIFICATE OF DEATH.

Date of Death,

March 24th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Wehrhans

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Worker in tobacco

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

19 years

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary),
Second (Immediate), }

Comp. fracture both femurs

Shock

32 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Mar. 27/87 C. W. Mitchell M. D.

Undertaker,

J. B. Cook

Medical Attendant.

Place of Business, 1003 W. Baltimore St. Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98810 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23rd March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Eliza Scott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House work

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Montgomery Co Md.

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, { Give Street and Number. } 509 Braps St.

Cause of Death, { First (Primary), Cardia Valvular disease. Second (Immediate), Dropped }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, March 25 1887

Undertaker, C H Chase

Place of Business, 63 Howard

Address, 224 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98811 Office of Registrar of Vital Statistics. Ward 98811

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov 23rd / 887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Bliske

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } 3044 73 Boston St

Cause of Death, { First (Primary), Intemperance, Second (Immediate), Gastritis }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Nov 25th / 887

{ Undertaker, John Herwig M. D. Medical Attendant.

{ Place of Business, 2008 Orleans St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Certificate to be sent by Dr. E. J. Williams [over.]